

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011773

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1640

FILED APR 1 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

60 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

300 Benton Blvd.
Cliff Park Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY
OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

306 Spruce

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Hester

Elizabeth

McKillip

4. DATE OF DEATH

Month

Day

Year

March

11, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

2-25-1901

9. AGE (last birthday)

62

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At The Home

11. BIRTHPLACE (City and state or country)

Harris, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Robert S. Sowder

13b. MOTHER'S MAIDEN NAME

Lou

Erickson

14. NAME OF HUSBAND OR WIFE

Mr. Otho Vance McKillip

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes; no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mo.

Mr. Vance McKillip-4302 N. Jackson K.C.17,

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma from
Cervix and bladder.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour s.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-11-63 to 3-11-63 and last saw her alive on 3-11-63

Death occurred at 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

W. Ray Snider M.D.

22b. ADDRESS

1103 Grand, Kansas City, Mo.

22c. DATE SIGNED

3-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Mar. 13, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Kansas City,

STATE

Kansas

24. FUNERAL DIRECTOR

ADDRESS

D.W. Newcomer's Sons-North Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

3-13-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

W. Ray Snider

[illegible]

13-14

working under my personal supervision.

Signed John V. Hensick
Licensed Embalmer No. 4848

P. O. Address 1-6. 15. 24.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

D. W. Newcomer's Sons-North Kansas City, Mo.